


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000018198 1. Entity Name SIGNS BY DARREL GALLES INC.	
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01202005 No Chg-P CR2E034 (10/03)

Principal Place of Business 51 S. DIXIE HWY SAINT AUGUSTINE, FL 32084	Mailing Address 51 S. DIXIE HWY SAINT AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3303812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALLES, DARREL 51 S. DIXIE HWY SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALLES, DARREL 360 FLORIDIAN AVE. SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCDEVITT, CHRISTINE 360 FLORIDIAN AVE. SAINT AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000231135 02/16/05-80018-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE CHRISTINE MCDEVITT 2/14/05 904924-0757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #